

# **EXHIBIT 8d**

# NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)

## AUDIT PROCESS HIPAA AUTHORIZATION FORM

This Form authorizes the disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses. By signing and submitting this Form, I authorize the Medical Provider(s) identified in Section I to release all Protected Health Information regarding my (or the Retired NFL Football Player's, if signed by a Representative Claimant) medical care, treatment, physical and mental condition, and medical expenses, to BrownGreer PLC (250 Rocketts Way Richmond, VA 23231), the Claims Administrator in the *In re: National Football League Players' Concussion Injury Litigation* Settlement Program. These records will be used or disclosed solely in connection with the NFL Concussion Settlement Program involving the Retired NFL Football Player named in Section II.

### I. MEDICAL PROVIDER INFORMATION

**Provider Name**

David J. Seitz

**Provider Address**

Street

12520 High Bluff Dr., #135

City:

San Diego

State:

CA

Suite/Unit

Zip:

92130

### II. RETIRED NFL FOOTBALL PLAYER

Enter the Retired NFL Football Player's information in this Section II.

**Settlement Program ID**

260006736

**Player Name**

First

[REDACTED]

M.I.

[REDACTED]

Last

[REDACTED]

Suffix

**Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) of Retired NFL Football Player (if known)**

[REDACTED]

or

[REDACTED]

**Date of Birth of Retired NFL Football Player**

[REDACTED]






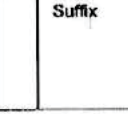
**AUDIT PROCESS HIPAA AUTHORIZATION FORM****III. AUTHORIZATION**

By signing below, I acknowledge and understand all of the following:

1. I have the right to revoke this authorization at any time. If I wish to revoke the authorization, I must do so in writing and must provide my written revocation to the Claims Administrator. The written revocation must be signed and dated. The revocation will not apply to any disclosures that already have been made in reliance on this authorization prior to the date upon which the Claims Administrator receives my written revocation.
2. My authorization of the disclosure of the subject Retired NFL Football Player's Protected Health Information is voluntary, which means I can refuse to sign this Form. I do not need to sign this Form to obtain health treatment from any medical provider or to enroll in or be eligible for any health plan benefits. However, I recognize that if I do not sign this Form and submit it to the Claims Administrator, my claim(s) may be denied under the terms of the Settlement Agreement.
3. Any Protected Health Information or other information released to the Claims Administrator may be disclosed to the Special Master, BAP Administrator, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4. My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.
5. This Form is valid from the date of my signature in Section IV until the date that the Claims Administrator performs the last act to process the claim for a Monetary Award that I submitted with this Form.
6. I have a right to receive and retain a copy of this Form.
7. Any photostatic copy of this Form shall have the same authority as the original, and may be substituted in its place.

**IV. SIGNATURE**

The Retired NFL Football Player or Representative Claimant of the Retired NFL Football Player named in Section II must sign and date this Form below. **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this HIPAA Authorization Form is true and correct to the best of my knowledge, information and belief.**

<b>Signature</b>			<b>Date</b>	09/04/2017 (Month/Day/Year)
<b>Printed Name</b>	First 	Last 	Suffix 	

# NFL CONCUSSION SETTLEMENT

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No. 2:12-md-02323 (E.D. Pa.)

## EMPLOYMENT HISTORY FORM

### I. RETIRED NFL FOOTBALL PLAYER INFORMATION

<b>Settlement Program ID</b>		260006736		
<b>Player Name</b>	First [REDACTED]	M.I. [REDACTED]	Last [REDACTED]	Suffix

### II. PAST AND CURRENT EMPLOYERS

Provide the following information for all employers of the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

1.	<b>Employer:</b>	Starcon International			
	<b>Position:</b>	Laborer Boilermaker		<b>Dates of Employment:</b>	Season work in 2013
	<b>Address:</b>	Street 10610 W. Fairmount Pkwy.			
		City	State	Zip Code	Phone
		La Porte	TX	77571	281-291-5200
<b>Duties:</b>	Support Journeyman boilermakers, fill out and file JSA, SLA, order, parts, deliver hardware, organize and deliver tools, and flag crane operators.				
2.	<b>Employer:</b>				
	<b>Position:</b>			<b>Dates of Employment:</b>	
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
<b>Duties:</b>					



### EMPLOYMENT HISTORY FORM

3.	<b>Employer:</b>				
	<b>Position:</b>			<b>Dates of Employment:</b>	
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				

4.	<b>Employer:</b>				
	<b>Position:</b>			<b>Dates of Employment:</b>	
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				

### III. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

<b>By Mail:</b> (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b> (must be placed with the carrier on or before the deadline date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231